



NOTARIZED AFFIRMATION OF ZERO INCOME

I, _____, affirm that I have no income at this time. When my income commences, I will immediately notify the City of Chandler Housing Division.

The information I have provided is true and complete to the best of my knowledge.

Signature

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. GOVERNMENT, AS TO ANY MATTER WITHIN ITS JURISDICTION, MISREPRESENTATION OF ANY INFORMATION IS GROUNDS FOR INELIGIBILITY/TERMINATION OF HOUSING ASSISTANCE.

STATE OF ARIZONA

COUNTY OF MARICOPA

The foregoing instrument was acknowledged before me this _____ day of, _____ 200__

by _____

Signature of Notary

Commission expires

Mailing Address:
Mail Stop 101
PO Box 4008
Chandler, Arizona 85244-4008

Housing & Redevelopment Division

Telephone (480) 782-3200
Fax (480) 782-3220

Location:
265 East Buffalo Street
Chandler, Arizona 85225

The Arizona Service provides free 24 hour telephone access for the deaf, hard of hearing, deaf-blind, and hearing or speech impaired
1-800-367-8939 (TTY) • 1-800-842-4681 (Voice)

ZERO INCOME BUDGETING WORKSHEET

INCOME	EXPENSES
Adjusted monthly income from wages: <div style="text-align: right;">\$ _____</div>	Estimated monthly rent: <div style="text-align: right;">\$ _____</div>
Additional income from SS, SSI, AFDC, Pensions, etc: <div style="text-align: right;">\$ _____</div>	Estimated monthly utilities: Electric: \$ _____ Gas: \$ _____ Water/Trash: \$ _____
Additional income from family members/part time employment or occasional employment: <div style="text-align: right;">\$ _____</div>	Additional Expenses to be considered: <div style="padding-left: 20px;"> Car payments: \$ _____ Car insurance: \$ _____ Health insurance: \$ _____ Property insurance: \$ _____ Medical Bills: \$ _____ Food expenses: \$ _____ Educational expenses: \$ _____ Telephone: \$ _____ TV Cable: \$ _____ Childcare expenses: \$ _____ </div>
Other:	Other:
Other:	Other:
TOTAL INCOME \$ _____	TOTAL EXPENSES \$ _____

TOTAL INCOME: \$ _____

TOTAL EXPENSES: \$ _____

BALANCE: \$ _____

Based on this estimate, do you feel you will be able to afford to maintain the property, other miscellaneous costs and expenses that are not estimated above? Yes ☐ No ☐

Signature (Name)

Date



INCOME QUESTIONNAIRE

Please answer each question and return to your housing specialist by the due date listed in the cover letter. Incomplete Questionnaires will not be accepted.

Client: _____ Account Number: _____

1. If employed during the past 12 months, fill out the following information:
(Attach additional page if necessary)

a. Employer: _____ Salary: _____
Period of time employed: _____

b. Reason for leaving: _____

2. If received benefits during the past 12 months, fill out the following information:

a. Benefits received from: _____ Amount: _____
(*see list of examples below, #4)

b. Period of time benefits were received: _____

c. Reason you are no longer receiving benefits: _____

3. Did you file federal / state income tax returns for the previous year? ☐ Yes ☐ No

4. Have you applied for any of the following benefits? If yes, state the results of your application for that benefit.

*A. TANF ☐ Yes ☐ No

*B. General Assistance (GA) ☐ Yes ☐ No

*C. Unemployment Compensation ☐ Yes ☐ No

*D. Social Security ☐ Yes ☐ No

*E. Supplemental Security Income (SSI) ☐ Yes ☐ No

*F. Alimony ☐ Yes ☐ No

*G. Child Support ☐ Yes ☐ No

*H. Education And Scholarship Stipends/Grants ☐ Yes ☐ No

*I. Other Public Assistance ☐ Yes ☐ No

*J Workmen's Compensation ☐ Yes ☐ No

*K. Military Pensions ☐ Yes ☐ No

L. Other _____ ☐ Yes ☐ No

5. Do you receive money / support from families or friends? ☐ Yes ☐ No
If Yes, amount received: _____ How often: _____

6. Are you looking for a job? ☐ Yes ☐ No

If no, explain why not:

7. Do you have any of the following assets?
- a. Checking / savings account: ☐ Yes ☐ No Amount _____
- b. Certificate of Deposit: ☐ Yes ☐ No Amount _____
- c. Stocks / Bonds: ☐ Yes ☐ No Value _____
- d. Property: ☐ Yes ☐ No Value _____
- e. Other _____
8. Do any family members or friends live with you? ☐ Yes ☐ No
- If yes, who? _____
9. Do you own a car? ☐ Yes ☐ No If yes, how do you pay for registration fees, repairs, gas? _____
10. Do you ride the bus? ☐ Yes ☐ No If yes, how do pay for bus fare? _____
11. Do you have any installment loans? ☐ Yes ☐ No If yes, how do you pay your monthly bill? _____
12. How do you obtain food? _____
- If you receive food stamps, how do you pay for non-food items? _____
13. Do you have a phone (i.e, cell phone or phone at home)? ☐ Yes ☐ No If yes, how do you pay your monthly bill? _____

14. How do you pay for your utilities (i.e., electricity, gas, water, trash/sewer)?

15. How do you pay for cable television or satellite television?

16. How do you obtain medical care?

17. How do you obtain clothing?

18. Comments:

I certify that the information provided in this questionnaire is true and complete to the best of my knowledge.

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Signature

Reviewed by

Date